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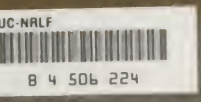

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TREASURY DEPARTMENT
UNITED STATES COAST GUARD

PHYSICAL REQUIREMENTS

FOR SERVICE IN THE

UNITED STATES COAST GUARD

JULY, 1916

WASHINGTON
GOVERNMENT PRINTING OFFICE
1916

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RULES GOVERNING PHYSICAL EXAMINATION OF APPLICANTS FOR ENLISTMENT, REENLISTMENT, ETC.

TREASURY DEPARTMENT,
Washington, July 6, 1916.

The following rules governing the physical examination of applicants for enlistment and reenlistment and for promotion to the grade of warrant officer in the United States Coast Guard are published for the information and guidance of enlisting officers, medical officers, and all others concerned.

BYRON R. NEWTON,
Assistant Secretary.

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1. Enlisting officers shall exercise the greatest care not to request the physical examination of applicants who have disqualifying defects that should be evident to anyone having a knowledge of the qualifications essential for enlistment in the Coast Guard.

2. After an applicant's character has been investigated and his knowledge of English tested, as required by existing regulations, and both have been found satisfactory, he will be examined further in the manner prescribed herein.

3. When practicable, the applicant should be required to take a bath immediately before presenting himself for inspection.

4. As it is of the utmost importance that accepted applicants shall be sufficiently intelligent to perform the duties required of them in the Coast Guard, the enlisting officer should bear this in mind during the course of the examination of every applicant for enlistment, and should use every means to arrive at a just estimate of the applicant's mental capacity. The applicant's answers to questions, his general demeanor, his facial expression, his alertness, and his readiness of comprehension will assist in determining his general fitness for enlistment.

5. **Send no applicant for Standard A examination—**

(a) Who has obvious defects.

(b) Who has not at least 20 teeth, and who has not two opposed jaw teeth on either side and two opposed front teeth in each jaw.

(c) Whose weight with ordinary clothing is less than 128 pounds or more than 213 pounds. (This does not apply to those who are to serve regularly as ship's writers, electricians, third class, mechanics, cooks, and bugs.) [See p. 8.]

(d) Whose height is less than 5 feet 4 inches, except those who are to serve regularly as ship's writers, electricians, third class, mechanics, cooks, and bugs, whose height shall be not less than 4 feet 9 inches.

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(*e*) Who stammers.

(*f*) Whose physical development is not apparently sufficient for the work required of him.

Enlisting officers will be able by close observation and inquiry to assure themselves in most instances as to the general fitness of applicants with respect to the foregoing.

6. It is recognized that the vision of applicants can not be passed upon conclusively by enlisting officers, but by using such simple means as are at hand enlisting officers should be able to form an opinion as to whether an applicant has good vision or is color blind. Enlisting officers will inform applicants whose vision or color sense is apparently defective that they will not be sent to a medical officer for further examination unless they so desire, in which case the enlisting officer shall transmit to the medical examiner, with the application for physical examination, a written memorandum setting forth that the applicant's vision or color sense, as the case may be, appears to be defective.

7. The record of physical examination for enlistment or reenlistment will be subject to review by the Surgeon General of the Public Health Service. In case a person is enlisted or reenlisted upon the certificate of a medical officer that such person is physically qualified, and the finding of such medical examiner is disapproved by the Surgeon General (of which fact the commanding officer or district superintendent will be advised by headquarters), the person so enlisted or reenlisted will not be discharged during the period of his enlistment, on account of such disapproval, unless it develops that the physical defect noted by the Surgeon General materially interferes with the performance of duty, in which case a full statement of the facts shall be submitted to Headquarters by the commanding officer or district superintendent, and Headquarters will thereupon direct the discharge of the person concerned. At the expiration of the period of enlistment (except as noted in the following paragraph) or if the person is discharged under the foregoing provision prior to that time, or if he is discharged during the period of his enlistment for cause other than physical disqualification, the commanding officer or district superintendent shall make and sign the following indorsement across the face of the discharge:

"Not eligible for reenlistment by reason of physical disability not incident to service, which disability existed at the date of enlistment."

8. An enlisted person who has been continued in the Coast Guard under the provisions of the preceding paragraph may at his own request again be examined by a medical officer not less than thirty (30) days before the expiration of the period for which he enlisted, and if he is so examined, the record of physical examination shall be forwarded to Headquarters by the commanding officer or district superintendent, with suitable indorsement. If, as a result of such further examination, the Surgeon General finds that the person is physically qualified the commanding officer or district superintendent will be notified accordingly and the indorsement prescribed in the preceding paragraph shall not be made on his discharge.

PHYSICAL EXAMINATION BY THE MEDICAL OFFICER.

STANDARD A.

(As soon as a cause for rejection is ascertained, the examination may be discontinued.)

1. **Vision.**—The applicant must have at least 20/30 uncorrected vision in each eye. Applicants using eyeglasses are not eligible. The vision of the applicant will be tested as follows: The examiner will observe that the Snellen charts used in this test are exhibited to the applicant at a height of 4 or 5 feet from the ground and at a distance of 20 feet exactly, and this distance must be maintained throughout the test. A good light must fall on the chart, and during the tests, charts with different lettering should be employed in such a manner that the candidate can not become familiar with the letters on the various lines. Each eye should be tested separately by carefully excluding the eye which is not being examined by holding a card before it. No pressure should be exerted, nor should the excluded eye be closed. As soon as the examiner has ascertained the lowest line which the applicant has been able to read, the vision should be recorded in the form of a fraction, the numerator of which shall represent the distance at which the test was made, i. e., 20 feet; the denominator, the number on the chart opposite the last line which was read. The fellow eye is then similarly tested. During the performance of the test the lids must remain naturally open, squinting being prohibited. In the event that the candidate is unable to read all the letters on the line designated as his normal vision, he will be passed, provided he is able to read three of the letters on the next smaller line with both eyes directed on the chart.

2. **Color blindness.**—The Holmgren worsted test shall be used in all cases. In case of doubt as to an applicant's color sense being normal he may be sent to the nearest marine hospital to be tested with the Williams test lantern, the applicant to bear the expense of transportation.

The Holmgren test.—The entire set of worsteds should be spread out on the table before the applicant in good daylight. Each set of Holmgren's worsteds contains three large skeins, No. 1 (green), No. 2 (rose pink), and No. 3 (red).

Test No. 1.—Place the large green test skein before the applicant at a distance of about 2 feet from the others, and request him to select from the heap of skeins all that most resemble the test skein and place them beside it. The whole test should be based upon a comparison of colors, and in seeking for color should be chosen. In the first place, it is necessary that the applicant should thoroughly understand what is required of him—that is, that he should search the pile for the skeins making an impression on his color sense, independent of any name he may give the color, similar to that made by the sample. He should be informed that there are no two skeins exactly alike, and that the only question is the resemblance of the color. He must therefore endeavor to find something similar of the same shade, something lighter and darker of the same color. If the person being examined does not succeed in

understanding this by a verbal explanation, the person making the examination must make the trial by searching for the skeins and placing them by the sample skein, thereby showing in a practical manner what is meant by shade, and then restore all the skeins to the pile except the sample. With test No. 1, the completely color blind, whether to red or green, will select, with or without the green, some confusion colors, such as yellows, fawns, or grays. This examination must continue until the applicant has placed near the sample all the other skeins of the same shade as the sample, or else, with these or separately, one of the several skeins of the class corresponding to the confusion colors. The applicant who, while not finally placing the confusion colors beside the test skein, evinces a manifest disposition to do so, has a feeble chromatic sense and is partially color blind. To ascertain the kind and degree of color blindness present, test No. 2 should be used.

Test No. 2.—Thoroughly mix all the colors together. Then place the large rose skein a distance of about 2 feet from the pile of worsteds, and request the applicant, as before, to select from the pile and place with the sample all that look to him to be shades of that color, lighter and darker, until all of the same shades have been placed by the sample, or else, simultaneously or separately one or several of the confusion colors have been placed by it. He who confuses colors in this test, selecting either the light or deep shades of blue or violet, especially the deep, with or without purple, is completely red blind. If he selects the light or deep shades of one kind of green or gray, either with or without purple, he is completely green blind. The fact that many green blinds select in this test, besides gray and green or one of these colors, also bright blue, has led to misunderstanding. Some have from this concluded that red and green blindness may exist together in the same individual. This conclusion is not correct. Red and green blindness are two sharply defined species. The characteristic or sign with green blindness is confusing the rose with gray or green, or both. This confusion is the point to be determined.

Test No. 3.—The large red skein is presented to the applicant; it is necessary to have a vivid red color. The red blind will choose, beside the red, green and brown shades which to the normal sense seem darker than red. The green blind will select green and brown shades which appear lighter than the red.

Williams lantern test.—The room being darkened, light all burners of the lamp and place the lantern 20 feet from the person to be examined, and on a level with his head, the side of the lantern carrying the disk with the colored glasses facing directly toward him. Place the sliding shutter regulated by the knob at the upper part of the lantern, so that two lights are shown at the same time, with the full-sized openings. Ask the person being examined to call aloud the name of each of the colors shown, and designate their position, for instance, "left green, right red," then turn the disk with the glasses slowly until all the colors have been shown. In case it is preferred, the man who is being examined may call out the meaning of the color shown him instead of its name, for instance, "left light starboard, right light port." The examiner will make note, as the examination proceeds, of the small illuminated number under the colors shown and of the name given to this color, thus, "nine green, eleven red." In case a wrong name is given to any color it is convenient for reference to make a note, on a different part of the record, of this number and its true color. After showing all the colors with the largest opening raise the shutter so as to show only one light at a time through the smallest opening and make note as before of the numbers shown and the name given to each color. Doubtful cases should also be tested with three lights showing at one time. The size

of the middle light can be regulated by the knob just over the disk with the colored glasses so as to show the middle light of the same size, or larger or smaller than the two other lights.

The candidate should be rejected—

(a) If he calls a red light green or white under any circumstances.

(b) If he calls a green light red or white under any circumstances.

(c) If he calls a white light red or green under any circumstances.

3. **Hearing.**—(a) Place the applicant at one end of the room with the ear to be tested toward the other end of the room, have the applicant insert his moistened index finger into the other ear. The examining surgeon should approach within a few feet of the applicant and pronounce words or phrases and direct the applicant to repeat what he has heard. The surgeon should then gradually recede from the applicant until he ceases to repeat correctly what is spoken to him and the distance entered on the examination record. The applicant should then face about and the other ear should be similarly tested and recorded.

(b) The above technique should be carried out in testing whispered speech, the examiner using residual air in whispering.

(c) An applicant who can not hear conversational speech 30 feet and whispered speech 15 feet should be rejected.

4. **Teeth.**—An applicant must have at least 20 sound teeth, and of these there must be not less than 4 opposed molars in either jaw and 2 opposed incisors in each jaw. Teeth properly filled are not to be considered unsound, nor shall teeth be counted as missing if they have been replaced by bridge work. An applicant shall not be rejected for missing teeth if they can be replaced by bridge work and he agrees to have the necessary dental work done after enlistment to accomplish this. Each missing tooth shall be indicated in the record of physical examination. An applicant wearing a plate shall be rejected.

5. **General inspection, height, and weight.**—The applicant will next be stripped of all his clothing, and while naked will be subjected to inspection, measurement, weighing, and exercises as follows.

(a) The various parts of the body should be well proportioned, the head symmetrical, the chest developed and well formed, the abdomen lank, and the limbs shapely with firm, well-developed muscles. The carriage should be erect and sprightly without any lack of control; the expression of the face should indicate mental and physical health and vigor; there should be no repulsive deformity; the manner should be cheerful and alert without exaggeration or sluggishness; the skin should be clean, free from eruptions, and without the pallor of disease, the characteristic appearance of the drunkard, or the jaundiced sallow tint and the distinctive hypodermic scars of the drug habitué.

(b) **Height, weight, and measurement.**—The applicant will then be placed under the sliding bar of a measuring rod and directed to stand erect while his height is being accurately measured. The height measure will be taken while the toes are raised, the applicant resting squarely on the heel and ball of each foot.

Applicants must have a height of 5 feet 4 inches, except those who are to serve as ship's writers, electricians third class, stewards, cooks, and boys, whose height must be not less than 4 feet 9 inches. The matter of proportion of height to weight of ship's writers, electricians third class, stewards, cooks, and boys is left to the judgment of the medical examiner; if such persons are at least 4 feet 9 inches in height and otherwise physically qualified, they should not be rejected.

Except as noted below, the following table giving the proper height, weight, and chest measurement of applicants required to have a height of 5 feet 4 inches should be observed:

Height.		Weight.	Allowance for underweight.	Chest measurement.	
				At expiration.	Mobility.
Ft.	*In.*	*Pounds.*	*Pounds.*	*Inches.*	*Inches.*
5	64	128	8	32	2
5	65	130	8	32	2
5	66	132	8	32½	2
5	67	134	8	33	2
5	68	141	12	33½	2½
5	69	148	15	33½	2½
5	70	155	20	34	2½
5	71	162	20	34½	2½
6	72	169	20	34¾	3
6	73	176	20	35¼	3
6	74	183	20	35¾	3½

Exceptions to table for height and weights.—(1) If an applicant weighs more than the number of pounds stated in the above table, he may be accepted if the overweight is due to muscle and bone, but must be rejected if it is due to fat. (2) No person should be accepted for the rating of surfman if his weight is less than 135 pounds.

(c) **Measurements.**—The applicant will be made to stand erect with his heels together and to raise his arms over his head. The measuring tape will be carefully adjusted around the chest with the upper edge of the tape just below the lower angles of the shoulder blades behind and the nipples in front. The arms of the applicant will then be dropped to the sides and he will be directed to take several deep breaths to verify the maximum and minimum measurements. Care must be taken not to displace the tape and to avoid muscular contortions. Many men must be taught how to breathe and to expand the chest before the measurements are taken, and consequently great care and patience are often necessary in order to get correct results. Measurement of the abdomen should be taken at the level of the umbilicus with the abdominal muscles relaxed.

6. **Exercises.**—The examiner shall give exercises to show that the applicant has full freedom of movement of all the muscles and joints of the body.

7. **Heart.**—The heart shall be examined by auscultation, percussion, and palpation, and the apex beat located. The heart shall also be examined after moderate exercise. The condition of the arteries shall be investigated with reference to aneurism, arteriosclerosis, or any other abnormality.

8. **Lungs.**—The lungs shall be examined both anteriorly and posteriorly by inspection, palpation, percussion, and auscultation.

9. **Neck.**—The neck shall be inspected for goiter and other defects.

10. **Head.**—The applicant being directed to open his mouth, the teeth will be examined, the fauces will be inspected for fissures, perforations, enlarged tonsils, and adenoids, and the mucous membrane for mucous patches, and for scars of former ulcerations.

(*a*) The *face* will be examined for hairlip, or other repulsive deformities, or stigmata, for facial paralysis, and for other evidences of disease.

(*b*) The *nose* will be inspected for deviated septum or for other deformity, and for dilated vessels indicative of alcoholism.

(*c*) Each external *ear* and mastoid region shall be inspected, and each drum examined with a speculum.

(*d*) Each *eye* will be inspected for evidence of [illegible] or other defect and for disease, the lids being everted and examined for trachoma.

(*e*) The *scalp* will be inspected for disease and palpated for evidence of former injury, depressions from fracture or trephining, and for stigmata of degeneracy.

11. **Skin.**—The skin will be inspected for anemia, jaundice, eruptions, and other symptoms of disease, for hypodermic and other scars and pediculi, also for evidence of successful vaccination.

12. **Glands.**—The condition of the following superficial glands of the body should be noted: Post-occipital, cervical, femoral, epitrochlear, [illegible].

13. **Abdominal organs.**—The condition of the abdominal organs shall be investigated.

14. **Scrotum.**—Both sides of the scrotum shall be palpated for changes in the testicles, epididymis, and contents of the tunica vaginalis and for varicocele. The genitals shall be inspected for any evidence of venereal disease and for malformations, the glans penis and corona being exposed and the penis stripped; the pubic region is to be inspected for pediculi.

15. **Hernia.**—Examination shall be made by inspection and palpation for femoral, inguinal, ventral, and umbilical hernia.

16. **Anal region.**—The applicant having been directed to bend forward and to separate the buttocks, the anal region shall be inspected for hemorrhoids, fistulæ, mucous patches, and other defects.

17. **Back and extremities.**—The back shall be examined for spinal curvature and other abnormalities. The applicant standing erect, the legs shall be inspected for varicose veins and ulcers, also for flat foot, corns, ingrowing toe nails, bunions, deformed or missing toes, hyperidrosis, and bromidrosis; the knees for genu varum and valgum. Cases showing flat foot should be particularly examined to determine the strength of the foot. The hands and arms are to be inspected for deformities, old fractures, and dislocations, amputation of fingers, partially flexed or ankylosed joints, and for impaired functions. The applicant being directed to stand with the inner borders of the feet together, arms horizontal, fingers apart, and eyes closed, he will be examined for tremors and nervous instability.

18. **Mental condition.**—The mental condition of the applicant will be ascertained by the following test:

(*a*) Have applicant repeat three sets of numbers, each number composed of seven figures.

(*b*) Have applicant compose a sentence containing three words, such as "Buffalo," "money," "river"; first making sure by use of illustrations that the word "sentence" is understood.

(*c*) Have him give the opposite word to "good," "[illegible]," "tall," "big," "white," "light," "false," or other words selected by the examiner.

DISEASES, INJURIES, MALFORMATIONS, AND OTHER PHYSICAL DEFECTS DISQUALIFYING FOR SERVICE IN THE UNITED STATES COAST GUARD.

19. A superficial examination of many applicants determines the fact of their unfitness; they are undersized, under weight, undeveloped, sallow, or pale and scrawny, poorly nourished, with thin, flabby muscles, and are manifestly lacking in stamina and resistance to disease. The rejection of such applicants for "poor physique" is not sufficiently exact, and the medical examiner should record as the disqualifying cause in each case some specific pathological condition, if such can be found, or "under weight," "deficient chest measurements," "deficient muscular development," "deficient nutrition," or such other definite disqualifying conditions as may be found to exist.

GENERAL DISEASES.

20. General diseases are causes for rejection. Among these are included the following:

(*a*) Chronic malarial poisoning resulting in marked cachexia, grave anemia, or splenic enlargement.

(*b*) Tuberculosis of whatever degree and whether general or localized.

(*c*) Recurrent attacks of rheumatism and chronic articular rheumatism.

(*d*) Malignant tumors of all kinds.

(*e*) Syphilis.

MENTAL AND NERVOUS DISORDERS.

21. Insanity, general paralysis, epilepsy, chorea, and somnambulism are causes for rejection.

22. The medical examiner shall use every effort to exclude the mentally defective and those showing evidence of serious nervous disorders. The following is a list of the principal stigmata of degeneracy:

Cranial abnormalities in outline, capacity, or dimensions; excessive development of the occipital protuberances and ridges, the frontal eminences, and the mastoid processes; reduction of the facial angle; asymmetrical facial development; lower jaw disproportionately large and prognathic; hard palate sharply vaulted; dental arches narrowed or angular; teeth defective or misplaced; ears disproportionate in size or malformed; extreme refractive anomalies and strabismus; deviation of the nose; septal deformities; harelip; cleft palate; remnants of branchial clefts; spina bifida; sacral growths of hair; deep sternal furrows and concavities; disproportion between thorax and abdomen; upper and lower limbs disproportioned to each other or to the trunk; abnormality in size of hands or feet; tendency to left-sided overdevelopment; deformities of the fingers; syndactylism; excessive length or shortness of the fingers; undersize of the ring and little fingers; genitalia undeveloped; hypospadias; epispadias; scrotal fissure; albinism; melanism; multiple nævi; defective development of hair and nails.

In estimating the value of the various marks of degeneracy, the occurrence of a very few in any individual case would not justify classification of the case as that of a defective. The presence, however, of numerous stigmata indicates an unstable nervous organization that is disqualifying for the United States Coast Guard.

23. **Chronic alcoholism.**—This subject should be carefully considered in the case of every applicant for enlistment, and as answers to questions regarding the alcoholic habit are frequently made with intent to deceive, the medical examiner should be on the alert to detect the physical evidences of the disease. The suffused eye, the prominent superficial blood vessels of the nose and cheek,

the flabby, blunted, reddened aspect of the face and the purplish discoloration of the mucous membrane of the pharynx and of the soft palate are well known characteristics of the well fed habitue. Another type quite as common is the poorly nourished drunkard, with pale, sodden, sallow complexion and clammy skin. Muscular tremor should always be looked for in the protruded tongue and the outstretched fingers; it is also noticeable in the lack of control when the applicant attempts to sign his name. It is always ground for suspicion and a valuable indication of chronic alcoholism.

24. **Drug habit.**—The morphine habitué usually takes his dose by means of a hypodermic syringe, and a careful inspection of his skin will show black dots representing old needle punctures, or small, smooth, oval, white scars of multiple abscesses resulting from the use of a dirty instrument; these marks are usually found on the thighs or left arm of a right handed person. There is sometimes present a peculiar pallor and dryness of the skin. In morphine users the pupil is habitually contracted. In the cocaine habitué it is usually widely dilated.

THE SKIN.

25. Eczema, chronic impetigo, extensive psoriasis and ichthyosis, pemphigus, lupus, and sycosis are disqualifying.

26. Acne is not a cause for rejection unless situated upon the face and so pronounced as to amount to positive deformity.

27. Elephantiasis is disqualifying. Keloid, if extensive, is disqualifying.

28. Ulcerations of the skin are causes for rejection.

29. Extensive, deep, or adherent scars that interfere with muscular movements or with the wearing of military equipment or that show a tendency to break down and ulcerate are causes for rejection.

Nævi and other erectile tumors are causes for rejection if extensive, disfiguring, or exposed to constant pressure.

30. Scabies or itch is a contagious parasitic disease, characterized by small itching points between the fingers, on the hands, wrists, axillary folds, lower abdominal, genital, and anal regions, and is disqualifying.

31. Applicants infested with vermin should be rejected.

THE HEAD.

32. **The scalp.**—Tinea in its various forms, malignant tumors, and all other tumors of sufficient size to interfere with the wearing of uniform head dress are causes for rejection. Temporary falling out of the hair following acute disease is not a cause for rejection, but permanent baldness (alopecia), when involving a considerable portion of the scalp, should disqualify.

33. **The skull.**—Imperfect ossification of the cranial bones and the persistence of the anterior fontanelle are causes for rejection. Extensive cicatrices, especially such adherent scars as show a tendency to break down and ulcerate, disqualify. Depressed fractures of the skull, particularly those in the motor region, usually cause rejection. Monstrosity in the size of the head is a cause for rejection.

34. **Ears.**—(*a*) The total loss of an ear, marked hypertrophy or atrophy, and disfiguring deformity of the organ are causes for rejection.

(*b*) Atresia of the auditory meatus or tumors of this passage are causes for rejection.

(*c*) Chronic suppuration of the middle ear is a cause for rejection. Cases of perforation of the membrana tympani, where the active process has entirely subsided and cicatrization has taken place, may be accepted provided the hearing is not below the standard.

(*d*) Mastoiditis, acute or chronic, is a cause for rejection.

35. **Face.**—(*a*) Extreme ugliness, either as a result of atrophy of a part of the face or on account of a lack of symmetrical development, is a cause for rejection.

(*b*) Unsightly deformities, such as large birthmarks and large hairy moles, mutilations due to injuries or surgical operations, tumors, ulcerations, and fistulæ, persistent neuralgia, tic douloureux, and paralyses of central nervous origin are causes for rejection.

(*c*) Ununited fractures of the maxillary bones, deformities of either maxillary bone, interfering with mastication or speech, extensive exostoses, caries, necrosis, and osseous cysts are causes for rejection.

(*d*) Chronic arthritis of the temporo-maxillary articulation, badly reduced or recurrent dislocations of this joint and ankylosis of it, complete or partial, are causes for rejection.

36. **Eyes.**—(*a*) Color blindness, complete or partial, is cause for rejection.

(*b*) Asthenopia accompanying any ocular defect is a cause for rejection.

(*c*) Complete or extensive destruction of the lids, disfiguring cicatrices, adhesion of the lids to each other or to the eye ball, marked inversion or eversion of the eyelids, trichiasis, ptosis, blepharospasm, and chronic blepharitis are causes for rejection.

(*d*) Epiphora and chronic dacryocystitis are causes for rejection.

(*e*) Chronic conjunctivitis, acute or contagious trachoma, and pterygium interfering with the vision are causes for rejection.

(*f*) Chronic keratitis, deep ulcers of the cornea, staphyloma, and corneal opacities encroaching on the pupillary area and reducing the acuity of vision below the standard are causes for rejection.

(*g*) Opacities of the lens or its capsule, sufficient to reduce the vision below the standard, and progressive cataract of any degree are causes for rejection.

(*h*) Extensive coloboma of the choroid or iris, absence of pigment, extensive or progressive choroiditis and glaucoma are causes for rejection.

(*i*) Retinitis, detachment of the retina, neuroretinitis and optic neuritis, and atrophy of the optic nerve are causes for rejection.

(*j*) Loss or disorganization of either eye and pronounced exophthalmos are causes for rejection.

(*k*) Pronounced nystagmus and well-marked strabismus are causes for rejection.

37. **Nose.**—(*a*) Loss of the nose, malformation and deformities thereof that interfere with speech or breathing, and fetid discharge from the nose are causes for rejection.

(*b*) Nasal obstruction due to septal deviation, hypertrophic rhinitis, or other causes, sufficient to produce mouth breathing, is cause for rejection.

(*c*) Chronic suppurative conditions of the maxillary antra, the frontal and sphenoidal sinuses and ethmoidal cells are causes for rejection.

38. **Mouth and adjacent parts.**—(*a*) Harelip, loss of the whole or a part of either lip, unsightly mutilations of the lips from wounds, burns, or diseases, and pronounced alveolar pyorrhea are causes for rejection.

(*b*) The loss of teeth in excess of the standard fixed by the department is disqualifying.

(*c*) Malformation, partial loss, atrophy or hypertrophy of the tongue, split or bifid tongue, or adhesions of the tongue to the sides of the mouth so as to interfere with mastication, speech, or swallowing are causes for rejection.

(*d*) Malignant tumors of the tongue and benign tumors that interfere with its functions are causes for rejection.

(*e*) Stammering, if pronounced, is a cause for rejection.

(*f*) Ranula, if at all extensive, malignant tumors, and salivary fistula are causes for rejection.

(*g*) Perforation or extensive loss of substance of the hard or soft palate, extensive ulceration, extensive adhesions to the pharynx and paralysis are causes for rejection.

THE BODY.

39. **Neck.**—(*a*) Cervical adenitis depends upon a variety of causes among which tuberculosis is frequent. If the condition is of benign origin, such as dental caries, it is not disqualifying; but if tuberculosis is suspected rejection is demanded. Adenitis of the submaxillary, parotid, and auricular region is usually of benign origin; in the clavicular and lower carotid regions it is frequently tubercular. Adherent and disfiguring scars in this region from disease (tuberculosis), injuries, or burns are causes for rejection.

(*b*) Extensive or progressive goiter, interfering with breathing or with the wearing of ordinary clothing, is a cause for rejection; so also are exophthalmic goiter and torticollis.

40. **Larynx, pharynx, and esophagus.**—(*a*) Chronic inflammation, syphilis, tuberculosis, and stricture of the larynx and aphonia are causes for rejection.

(*b*) Malformations and deformities of the pharynx and stenosis from adhesions or cicatrical contractions of sufficient degree to interfere with function are causes for rejection.

(*c*) Post-nasal adenoids interfering with respiration or associated with progressive middle-ear disease are disqualifying.

(*d*) Chronic enlargement of the tonsils sufficient to interfere with speech or swallowing is disqualifying.

(*e*) Stricture or pronounced dilatation of the esophagus is a cause for rejection.

41. **Chest.**—(*a*) Congenital malformations and acquired deformities that result in reducing the chest capacity and diminishing the respiratory function, or such as produce visible disfigurement when the applicant is dressed are causes for rejection.

(*b*) Pronounced contraction of the chest, with adhesions following pleurisy, is a cause for rejection.

(*c*) Deformities of the scapulæ, absence or faulty development of the clavicle, old fracture where there is much deformity or interference with function, ununited fractures, and partial or complete dislocation of either end of the clavicle are causes for rejection.

(*d*) Suppurative periostitis, caries, necrosis of the ribs, the sternum, the clavicles, or the scapulæ are causes for rejection.

(*e*) Old fractures of the ribs with faulty union, interfering with function, are a cause for rejection.

42. **Lungs.**—Pulmonary tuberculosis, chronic bronchitis, chronic pneumonia, pulmonary emphysema, asthma, chronic pleurisy, and previous operation for empyema are causes for rejection.

43. **Heart and arteries.**—(*a*) Hypertrophy and dilatation of the heart and all valvular diseases of that organ are causes for rejection.

(*b*) Pronounced tachycardia and marked arrhythmia of the heart's action are causes for rejection.

(*c*) Aneurism of whatever variety or situation is disqualifying.

(*d*) A reading of the blood pressure is not necessary in applicants 35 years of age or under. Applicants over 35 years of age whose systolic blood pressure is more than 150 or less than 110 or whose diastolic blood pressure is more than 110 or less than 70 shall be rejected. Care should be taken when obtaining this blood pressure to see that the sphygmomanometer gives the correct reading. These instruments frequently get out of order and give a false impression of the condition present. This blood pressure should be taken in

a quiet room by the auscultatory method, which is as follows: After the cuff has been applied to the arm and filled with air, a stethoscope should be placed over the bend of the elbow and the pressure of the air gradually released from the cuff. The systolic pressure should be read when the first beat of the pulse is heard through the stethoscope, and the diastolic pressure should be recorded when the loudness of the pulse sound diminishes in intensity. In case of doubt several readings shall be made.

44. **Abdomen.**—(*a*) Wounds, injuries, and muscular rupture of the abdominal walls sufficient to interfere with function and fistulæ from visceral or bony lesions are causes for rejection. Cicatrices from wounds and operations, which have been treated by drainage or are so attenuated as to indicate weakness of the abdominal walls, are causes for rejection.

(*b*) All hernias, of whatever origin, are causes for rejection.

(*c*) Chronic diseases of the stomach and intestines, such as chronic dyspepsia, gastric ulcer, and dysentery, affecting the general nutrition, are causes for rejection.

(*d*) Intestinal parasites are causes for rejection.

(*e*) Chronic appendicitis and chronic enlargement of the liver or spleen are causes for rejection.

(*f*) Marked protrusion of the abdomen due to fatty deposits is cause for rejection.

45. **Spine.**—(*a*) Curvature of the spine (postural kyphosis and scoliosis) not interfering with function and of a degree so moderate as to be unnoticeable when the applicant is dressed is not a cause for rejection.

(*b*) Fractures and dislocations of the vertebræ and vertebral caries (Pott's disease) are causes for rejection.

46. **Pelvis.**—(*a*) Malformations and deformities of the pelvis sufficient to interfere with function are causes for rejection.

(*b*) Perineal urinary fistula, fistula in ano, and stricture and prolapse of the rectum are causes for rejection.

(*c*) Fissure of the anus and hemorrhoids sufficient in size to produce symptoms are causes for rejection.

47. **Kidneys and bladder.**—(*a*) Acute or chronic nephritis, definitely established by urinary examination, is a cause for rejection.

(*b*) Albuminuria is a cause for rejection.

(*c*) Floating kidney, hydronephrosis, pyonephrosis, and renal calculi are causes for rejection.

(*d*) Chronic cystitis, vesical calculi, incontinence, and retention of urine are causes for rejection.

48. **Urethra.**—(*a*) Epispadias, hypospadias, urethral fistulæ, and strictures sufficient to produce symptoms are causes for rejection; so also are chronic prostatitis and prostatic calculi.

49. **Genital organs.**—(*a*) Hermaphroditism and absence or total loss of the penis are causes for rejection.

(*b*) Phimosis is a cause for rejection only when it is complete; that is, when the glans penis can not be uncovered.

(*c*) Varicocele is not a cause for rejection unless it is painful or so large as to interfere with locomotion. Varicocele seldom constitutes a disability, and frequently occurs among the most rubust men, often without their being aware of its presence until attention is called to it. The existence of a varicocele should always be noted as well as the statement of the applicant as to whether or not it has ever given pain or other symptoms.

(*d*) Simple hydrocele of the cord or tunica vaginalis, if of moderate size and unaccompanied by subjective symptoms, is not a cause for rejection.

(*e*) Pronounced atrophy of both testicles or loss of both organs, due to operation or to accidental causes, is disqualifying. The loss or atrophy of one testicle, the other being normal, is not disqualifying.

(*f*) Undescended testicle is a cause for rejection.

(*g*) Chronic orchitis or epididymitis is a cause for rejection.

50. **Venereal diseases.**—Syphilis, gonorrhea, and chancroids are causes for rejection.

51. **Extremities.**—(*a*) All anomalies in the number, the form and the proportion of the extremities, producing noticeable deformity or interfering with function, are causes for rejection.

(*b*) Deviation of the normal axis of the forearm so marked as to interfere with the proper execution of the manual of arms is a cause for rejection.

(*c*) Atrophy of the muscles, either congenital or acquired, is a cause for rejection.

(*d*) Old ununited fractures, fractures with shortening or osseous formation sufficient to interfere with function, old dislocations, unreduced or partially reduced, complete or partial ankylosis of a joint, and relaxed articular ligaments permitting of frequent voluntary or involuntary displacement are causes for rejection.

(*e*) Reduced dislocations and united fractures with incomplete restoration of function are causes for rejection.

(*f*) Amputation of an essential portion of a limb and resection of a joint are causes for rejection.

(*g*) Excessive curvature of a long bone, and extensive, deep, or adherent scars interfering with motion are causes for rejection.

(*h*) Severe sprains are causes for rejection.

(*i*) Chronic edema of a limb, chronic synovitis, and destroying cartilage in a joint are causes for rejection.

(*j*) Varicose veins in an extremity, unless slight, are cause for rejection.

(*k*) Chronic and obstinate periostitis and osteomyelitis without are causes for rejection.

(*l*) Adherent or united fingers disqualify. Permanent flexion or extension of one or more fingers, as well as irremediable loss of portion of these parts, disqualifies. Permanent partial flexion of the second and third joints of the little finger does not disqualify, provided there is mobility of the first joint.

(*m*) Total loss of either thumb disqualifies.

(*n*) Mutilation of either thumb to such an extent as to produce material loss of flexion or strength of the thumb disqualifies. The common distortion of the extremity due to contusion or felon need not disqualify.

(*o*) Loss of more than one phalanx of the right index finger disqualifies.

(*p*) Loss of the terminal and middle phalanges of any two fingers on the same hand disqualifies.

(*q*) Entire loss of any finger, except the little finger, of either hand disqualifies.

(*r*) Supernumerary digits, so situated as not to interfere with the functions of the hand or fingers, do not disqualify.

(*s*) Perceptible bluishness or flaging is a cause for rejection.

(*t*) Knock-knee of moderate degree is not a cause for rejection. It is disqualifying only when the applicant is unable to take the position of a soldier, when the gait is clumsy or ungainly, or when subjective symptoms or weakness are present.

(*u*) Bow legs is a cause for rejection only when so excessive as to produce noticeable deformity when the applicant is dressed.

(*v*) Clubfoot is disqualifying.

(*w*) Pes cavus (hollow foot) of moderate degree is not disqualifying.

(*x*) Flat foot is a cause for rejection when accompanied with symptoms of weak foot. Simple sinking of the arch of the foot is extremely common, and unless attended with subjective symptoms is of no consequence.

(*y*) The strength of the foot should be tested by requiring the applicant to walk on his toes (the soles of the feet being nearly vertical with the floor) and to hop on the toes of each foot. He should be able to rise on the tip toes strongly, to hop well, and to alight on the toes after springing from the ground. Pronounced cases of flat foot, attended with marked eversion of the foot and marked bulging of the inner border due to inward rotation of the astragalus, are disqualifying regardless of the presence or absence of subjective symptoms.

(*z*) Loss of the great toe or loss of any two toes on the same foot are causes for rejection.

(*aa*) Webbing of all the toes is a cause for rejection.

(*bb*) Overriding or superposition of any of the toes to such a degree as to produce subjective symptoms is a cause for rejection.

(*cc*) Ingrown toenails (usually of the great toe) are disqualifying unless very slight.

(*dd*) Hallux valgus is disqualifying when sufficiently marked to interfere with locomotion or when accompanied with a painful bunion.

(*ee*) Bunions sufficiently pronounced to interfere with function are disqualifying.

(*ff*) Supernumerary toes are causes for rejection when they interfere with walking or produce other subjective symptoms.

(*gg*) Hammertoes are cause for rejection.

(*hh*) Corns on the sole of the foot are disqualifying when they are tender or painful.

(*ii*) Hyperidrosis and bromidrosis are disqualifying.

(*jj*) Men whose feet are habitually sodden, with blistered skin, should be rejected.

STANDARD B.

1. Standard B examination applies only to promotion to the grade of warrant officer and to reenlistment in cases where the applicant is not required to qualify under Standard A.

2. The requirements for Standard B examination are those prescribed for Standard A, except as indicated below:

(*a*) The rules relative to flat foot shall not apply to candidates for promotion to *warrant officer*.

(*b*) Candidates for promotion to *warrant officer* may be passed if they are provided with artificial teeth, either bridge work or plates, which enable them properly to masticate their food.

(*c*) Candidates for promotion to *warrant officer* should not be rejected unless they have defects which would be likely to interfere materially with the efficient discharge of their duties.

(*d*) Candidates for promotion to *warrant officer* and *applicants for reenlistment* wearing eyeglasses are eligible, respectively, but they must have an uncorrected vision of at least 20/40 in one eye and 20/70 in the other eye.

(*e*) Candidates for promotion to *warrant officer* and *applicants for reenlistment* should not be rejected for overweight if they are active and their respiration does not become unduly labored after exercise.

(*f*) *Applicants for reenlistment* should not be rejected if they have defects which are normal for their age, unless such defects are clearly not incident to service, or unless such defects make it impossible for them to perform the duties required of them in the Coast Guard.

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